

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J15254** (2)

1. Corporation Name  
**CAFE CHARDONNAY, INC.**



Principal Place of Business: **% CHARLES R.L. WHITE, 4533 PGA BLVD., PALM BEACH GARDENS FL 33418**  
Mailing Address: **% CHARLES R.L. WHITE, 4533 PGA BLVD., PALM BEACH GARDENS FL 33418**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **05/20/1986**  
3a. Date of Last Report: **02/06/1995**  
4. FET Number: **59-2681956** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. Trust Fund Contributor:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
9. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent: **WHITE, CHARLES R.L., 725 A1A SUITE A12, JUPITER FL 33477**  
10. Name and Address of New Registered Agent: **81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EUCALITTO, FRANCIS C.</b>	2. NAME	
STREET ADDRESS	<b>5017 WHISPERING HOLLOW</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	4. CITY-ST-ZIP	
TITLE	<b>D</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EUCALITTO, GRETCHEN M.</b>	6. NAME	
STREET ADDRESS	<b>5017 WHISPERING HOLLOW</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an all element with an address.

SIGNATURE: *Frank Eucalitto* **Frank Eucalitto** **3/20/96** **407-637-2662**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)